



MONTANA SCHOOL *for the* Deaf & Blind

giving kids the building blocks to independence

3911 Central Avenue
Great Falls, Montana 59405
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www.msdb.mt.gov

PERMISSION FOR DISPENSING MEDICATIONS

_____(student's name)
Montana School for the Deaf and the Blind operates a health services program for the care of students and the dispensing of medications. This facility provides for both residential and day students. Health Services staff will only dispense non-prescription medications that have been authorized by the parents and the physician. **Without proper authorization, the student will not be able to receive medication while in attendance at MSDB.** Due to the relationship between Reye Syndrome and aspirin, unless otherwise directed by parent or physician, the Health Services will not dispense aspirin. **Please review the Standing Order's form for the common over the counter medications available through the Health Services.**

Please initial below to authorize Health Services to provide over the counter medications (OTC) for _____ as required by the staff member's evaluation of the student's condition.

_____ I hereby authorize Health Services to administer OTC medications as my child's condition warrants. (The student's physician must also sign the medical Standing Order for the current school year.)

_____ I hereby authorize Health Services to administer only those OTC medications listed below:

_____ (Outreach Consultant) has my permission to give OTC or prescription meds or medications are given from the Health Services according to the doctor's orders and instructions. List all prescription and OTC medications that your child is taking on a regular basis including vitamins.

How would you like these medications refilled?

- _____ notify parents
- _____ refill locally
- _____ parents keep a supply at home
- _____ parents need medications sent home over travel.

A residential student on medicaid must have the card or a xerox copy with the Health Services. A residential student on insurance needs to provide a copy of the member's card. If this is not done, medications and doctor appointments will be charged to the parents. It is the policy that **all** medications are kept in the Health Services. Residential students are not permitted to have any medications in their possession at any time. *Please list any allergies:* _____

Name of home physician _____ phone _____

Clinic name _____ address _____

List insurance providers including medicaid:

#1 _____ ID/Group # _____

#2 _____ ID/Group # _____

Signature of parent/guardian _____

Date _____